

JAN 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madison
 Township Corn
 City (No. 2)

Registration District No. 605
 Primary Registration District No. 4359

File No. 2386

Registered No. _____ St. _____ Ward _____

2. FULL NAME

William Franklin Snee

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Phoebe Snee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME George Snee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

15. MAIDEN NAME Julia A. Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Anna Snee (ADDRESS) Parma, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bernie DATE Jan 5, 1937

19. UNDERTAKER T. Knight (ADDRESS) _____

20. FILED 1-5 Dr. Geo. Husted Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Jan 2, 1937

I last saw him alive on Nov 29, 1936. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Possible cerebral hemorrhage Date of onset _____

Other contributory causes of importance:

hypertension
Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Geo. Husted, M. D.(Address) Parma, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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